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FROM: Christopher B. Eide**DATE:**

November 1, 2005

Number of pages with cover page:	11	
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Preparer of this slip has confirmed that facsimile number given is correct: 6719/jai5**Comments:**

Attorney Docket No.:	249212014900
Group Art Unit:	2651
Examiner:	K. Wong
Serial No.:	10/037,083
Filing Date:	November 7, 2001
Inventors:	Vijay K. BASRA et al.
Title:	OPTICAL SENSOR TO RECORDING HEAD ALIGNMENT

Documents attached:

- Transmittal Form (1 page)
- Fee Transmittal (original + copy for fee processing (2 pages))
- Amendment (6 pages)
- Petition for Extension of Time (1 page)

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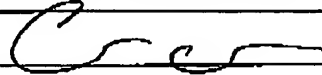
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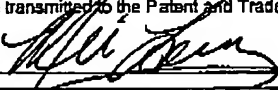
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/037,083	
	Filing Date	November 7, 2001	
	First Named Inventor	Vijay K. BASRA	
	Art Unit	2651	
	Examiner Name	K. Wong	
Total Number of Pages in This Submission	10	Attorney Docket Number	249212014900

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (original + copy for fee processing (2 pages)) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (6 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile coversheet
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Signature		
Printed name	Christopher B. Eide	
Date	November 1, 2005	Reg. No. 48,375

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (671) 273-8300, on the date shown below.		
Dated: November 1, 2005	Signature: 	(Mei Y. Leung)

pa-1022125

PTO/58/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0851-0032

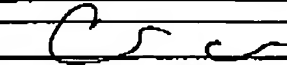
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Effective on 12/01/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number 10/037,083 Filing Date November 7, 2001 First Named Inventor Vijay K. BASRA Examiner Name K. Wong Art Unit 2651 Attorney Docket No. 249212014900	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		RECEIVED CENTRAL FAX CENTER NOV 01 2005	
TOTAL AMOUNT OF PAYMENT (\$) 120.00			

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0.00
Provisional	200	100	0	0	0	0	0.00
2. EXCESS CLAIM FEES							
						Small Entity	
						Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
13		0	50.00	0.00	Fee (\$)		Fee Paid (\$)
					360.00		0.00
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
1		0	200.00	0.00			
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).							
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)	
- 100 =		50	(round up to a whole number) x		250.00	0.00	
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1251 Extension for response within first month						120.00	

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	48,375
Name (Print/Type)	Christopher B. Eide	Telephone	(650) 813-5720
		Date	November 1, 2005

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